

TOWN OF BROOKFIELD

APPLICATION SINGLE FAMILY DWELLING CONVERSION

ACTIVITY NUMBER:	PROPERTY I.D.:
APPLICANT/AGENT:	LANDOWNER OF RECORD:
Name:	X
Address:	
Contact Name:	Contact Name:
Phone #:	Phone #:
	Cell Phone/E-mail:
PROPOSED TENANT	
Name:	Date of Birth:
	Disabled?: Yes [] No []
SITE DATA:	
Street Address:	Apartment square footage
notice to the adjoining neighbo	The applicant certifies herewith that he/she has provided ors listed as follows:
Name	Address
applicable regulations. I agree tha	s current, accurate and complete and that I will comply with the it any information that is determined to be false or misleading, ies set by regulation, code or statute.
Signature of Property Owner	

Procedure for new Single Family Dwelling Conversion (12/6/2010)

For a new application, the homeowner of record must:

- 1. Complete the Application for Single Family Dwelling Conversion. A copy of the apartment floor plan showing dimensions must be included. All abutting property owners must be notified of the conversion (blank letters are available with the application). Payment of \$125.00 for the conversion must be submitted to the Town Of Brookfield.
- 2. Sign and have notarized the affidavit stating the name and birthdate of the elderly or disabled occupant.
- 3. When all forms are complete and paid for, the Land Use office staff schedules a date for the Zoning Commission to review the application at the next regular meeting.
- 4. Once approved, a Certificate of Zoning Compliance for a Single Family Dwelling Conversion will be issued and mailed to the homeowner of record.

*****Application for Single Family Dwelling Conversion*****
Notification Letter To Adjoining Landowners
n:
Brookfield, CT 06804
Brookfield, CT 06804

Date:

From:

To:

We are applying for a single family conversion and we need to notify the abutting landowners. The apartment or unit shall be occupied by an elderly person, as defined in the Zoning Regulations, Section 242-202, or by a person declared to be disabled according to the definition provided by the Social Security Administration. All requirements for the apartment within a single-family dwelling are in the Brookfield Zoning Regulations Section 242-405.

This will be before the Zoning Commission on	, 2011.
Please sign this and return to us as soon as possible.	
Thank you,	
Signature of Landowner:	
Date:	

STATE OF CONNECTICUT SS: COUNTY OF FAIRFIELD _____, residing at (Owner) Brookfield, CT having (Address) (Birth date of property owner) a birth date of (Names of all tenants/occupants) (Birth date of each tenant) having a birth date(s) of _____ is/are the tenant(s)/occupants(s) of (Circle one of the following) converted dwelling unit or main house in said premises. THAT per Section 242-405F, I understand if the status of either the occupant or owner changes, the permit holder must file a new Certificate of Status within thirty (30) days of the effective date of change. THAT upon issuance of annual special permit by the Brookfield Zoning Commission for such occupancy, I agree to hold the Town of Brookfield harmless for any and all expenses incurred as a result of the applicant's lack of compliance with the Zoning Regulations of the Town of Brookfield and any enforcement action resulting therefrom.

		(L.S.)
(Owner signs	ature)	
Sworn before me this	day of	, 2011.
		(Notary Public)
	Му Сог	nmission Expires: